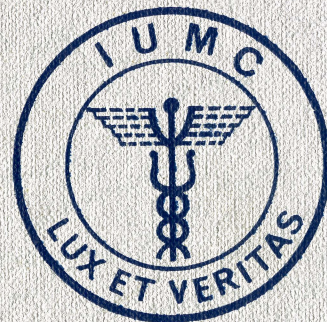


MEDICAL CLASS OF 1972





Medical Class of 1972

Indiana University Medical Center

Indianapolis, Indiana

Volume V

HISTORY **PHYSICAL-PROGRESS-OTHER**
(CIRCLE ONE)

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Date

Chief Complaint:

5-22-72

Acute onset of formalin necrosis of the nasal mucosa, Capferium Botulinum, scribes paralysis, night call allergy complicated by Et OH ingestion gastritis, chronic.

Present Illness:

The patient was apparently well until September, 1968, at which time he (she? it?) was acutely confronted to Mini-Test - it is in approximately 214 separate episodes. The symptoms were first noticed in association to the "body bins." The disease progressed as the patient was exposed to the "Microfabric of Man" & suffered through the dog labs. It was relieved temporarily by periods of napping in 326 and Friday afternoon jaunts to hear "Dirty George."

The patient suffered a relapse after an episode of "Shrilly Shock" but there was a brief respite in the form of "Weder's Whammy." The patient experienced a nearly ultimate demise secondary to Joshua's organitis.

The disease progressed as the patient learned the meaning of such terms as "raks," "rhonchi," "diastolic rumble," and "H&P," from Grandpa Roy. Eventually systemic involvement was manifested by Hunter's catchers, Marrie's monsters, Alexander's ataxias, Nurnberger's nuts, Daly's dyspneics, and H.B.'s window shufflers. Little respite was noted at this time.

Shortly thereafter a new manifestation known as "Elective Necrosis" was noted. At this time the patient was given the opportunity to choose his own poison. Things began to look up but with the approach of "FLEX" the patient decompensated.

Indiana University School of Medicine Faculty

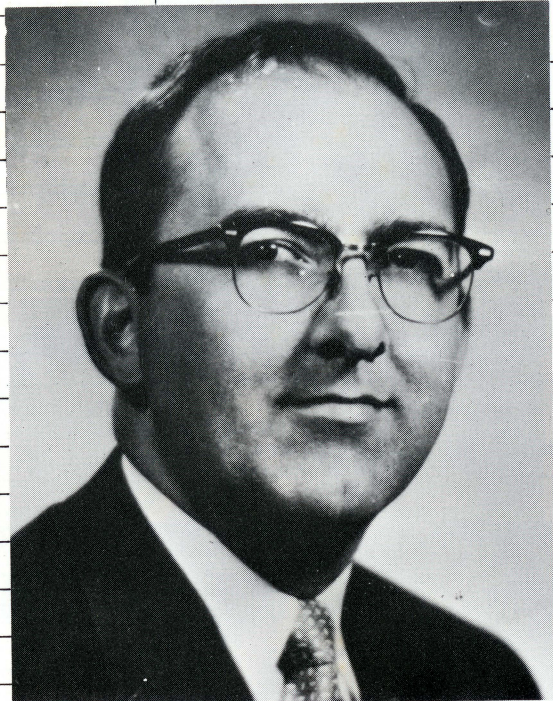
HOSPITALS

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Glenn W. Irwin, Jr., M.D., Dean
Indiana University School of Medicine

The class of 1972 is to be commended for your many contributions to the medical school community during your four years of undergraduate medical education. As medical students, you have been aware, involved and diligent. You have provided this university with the support and cooperation needed from its student members to open new vistas in medical education.

To cite a few examples, members of your class laid the groundwork for the Statewide System of Centers for Medical Education by participating as first year students in pilot programs at Purdue and Notre Dame in 1968. This year over 90% of your class enrolled in one or more fourth-year electives off campus in clinics and hospitals throughout the state, thus attesting to the merit and desirability of such experiences in the modern medical curriculum. And your participation in the physician-preceptors have contributed to the continued development off this program.



Your enthusiasm and support in all of these and other endeavors are greatly appreciated. In a time when medical schools are undergoing the most probing self-examination since the 1910 Flexner Report, your involvement and concern have aided your School of Medicine in making innovative yet responsible changes and in assuming a position of leadership in the development of new models of medical and allied health education. As you continue your education and professional careers, I am sure you will meet future challenges with the same spirit of concern.

The challenges facing medicine in the 70's are considerable. No responsible profession in today's changing social milieu can operate in a vacuum. The public expects a greater social awareness on the part of businesses, industry, and the service professions. In medicine, we face the public's rising expectations about health care. We must find ways of bringing high quality health care to all individuals regardless of income; we must find better systems of delivering primary health care; and we must find means of educating greater numbers of medical and health care personnel. In addition, physicians will have to deal with a rapidly expanding body of knowledge and keep aware of new developments or face obsolescence within a few years.

At Indiana we have made every effort to meet these challenges and to offer high quality medical education at all levels. I hope that you have benefited from our efforts in this in this direction and that your experiences here were rewarding. Based on your demonstrated abilities and excellent performances as undergraduates, I am confident you will successfully master the challenges that lie ahead.

Best wishes to all of you.

Glenn W. Irwin, Jr., M.D.
Dean, School of Medicine

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

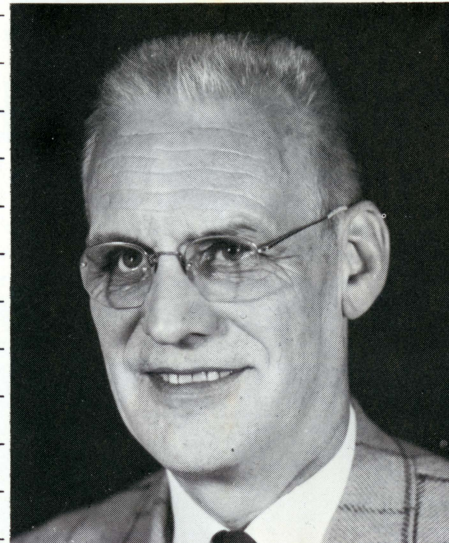
Date _____

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Present Immunizations _____



George Lukemeyer, M.D.
Associate Dean of the School of Medicine



Steven Beering, M.D.
Assistant Dean of Postgraduate Medicine



A. David McKinley, M.D.
Assistant Dean of Financial Affairs



Edward Tyler, M.D.
Assistant Dean of Student Affairs

USE OI

SICAL-PROGRESS-
(CIRCLE ONE)

1B

M6403200

INDIANA UNIVERSITY HOSPITALS

Previous Diseases

Date

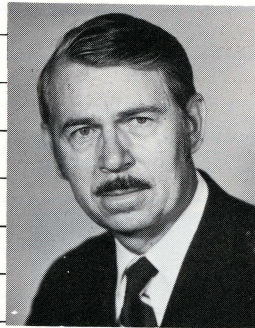
Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana



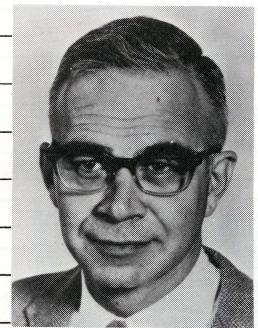
Robert Shellhamer
Professor, Anatomy



Charles Boyer
Professor, Anatomy



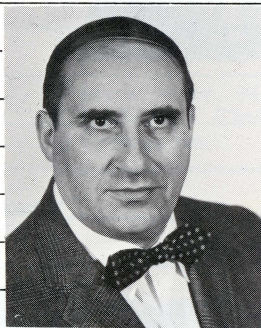
Ewald Selkurt, Ph. D.
Professor & Chairman,
Pathology



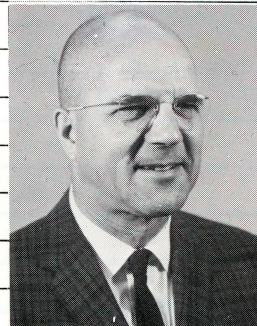
Joshua Edwards, M.D.
Professor & Chairman,
Pathology



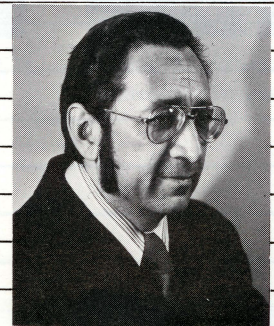
James Ashmore, Ph. D.
Professor & Chairman,
Pharmacology



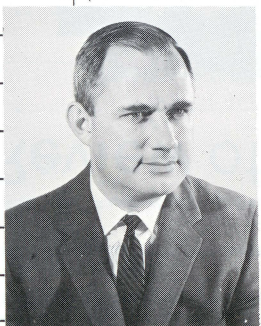
George Weber
Professor,
Pharmacology



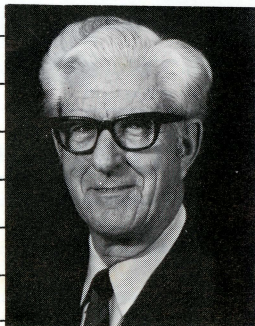
Edward Shighley,
Ph.D., M.D.
Professor & Chairman
Microbiology



Donald Niederpruem
Professor,
Microbiology



David Gibson, M.D.
Professor & Chairman,
Biochemistry



George Gifford
Professor,
Biochemistry

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

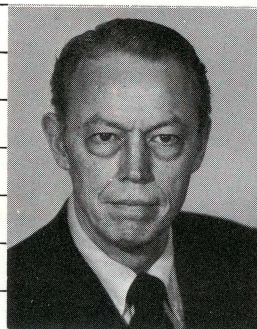
Date _____

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Review of Systems _____



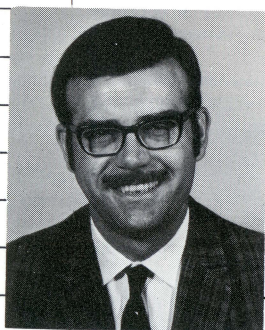
Walter Daly, M.D.
Professor & Chairman,
Medicine



Robert Rohn, M.D.
Professor, Medicine
(Hematology)



Angenieta Biegel,
M.D. Professor,
Medicine (Immunology)



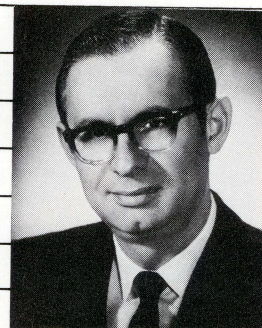
Mark Dyken, M.D.
Professor & Chairman,
Neurology



Victor Hackney, M.D.
Professor & Chairman,
Dermatology



Stuart Kleit, M.D.
Professor, Medicine
(Renal)



Charles Fisch, M.D.
Professor, Medicine
(Cardiology)

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

M6403200

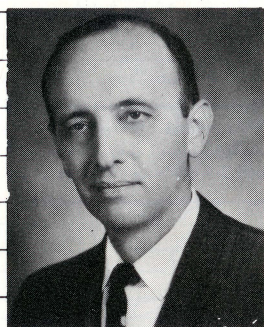
INDIANA UNIVERSITY HOSPITALS

HISTORY-PHYSICAL-PROGRESS-OTHER

(CIRCLE ONE)

Date

Medical Class of 1972
 Indiana University
 Medical Center
 1100 West Michigan
 Indianapolis, Indiana



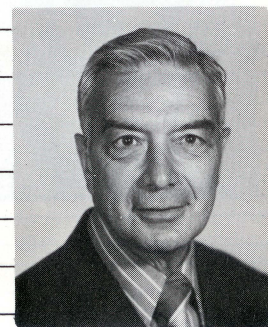
John Jesseph, M.D.
 Professor & Chairman,
 Surgery



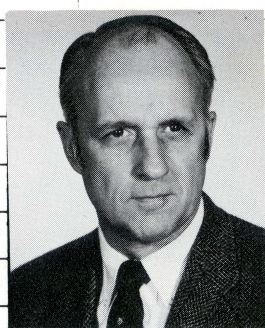
James Wray, M.D.
 Professor & Chairman,
 Orthopedics



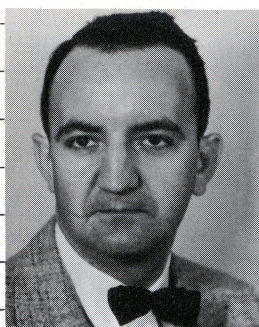
J. S. Battersby, M.D.
 Professor, Surgery



Harris B. Shumacker, M.D.
 Professor, Surgery



Robert Garrett, M.D.
 Professor, Chairman,
 Urology



Robert Campbell, M.D.
 Professor & Chairman
 Neurosurgery



Raleigh Lingeman,
 M.D. Professor,
 Otorhinolaryngology



Fred Wilson, M.D.
 Professor & Chairman,
 Ophthalmology

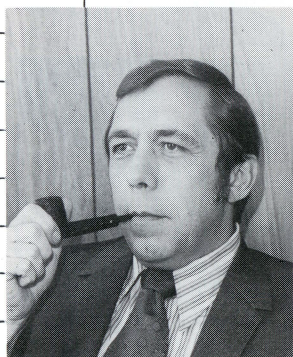
HISTORY-PHYSICAL-PROGRESS-OTHER _____

(CIRCLE ONE)

Date _____

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Undiagnosed Diseases



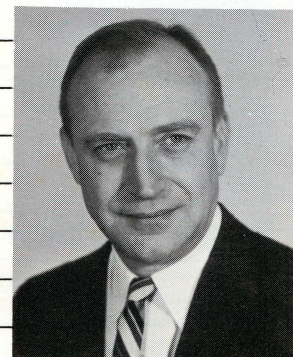
A. Alan Fischer, M.D.
Professor & Chairman,
Department of Family
Practice



Charles Hunter, M.D.
Professor & Chairman,
Ob-Gyn



Morris Green, M.D.
Professor & Chairman,
Pediatrics



John Nurnberger, M.D.
Professor & Chairman,
Psychiatry



Carl Trygstad, M.D.
Professor,
Pediatrics (Renal)



Donald Girod, M.D.
Professor,
Pediatrics (Cardiology)

HISTORY-PHYSICAL-PROGRESS-OTHER _____
(CIRCLE ONE)

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

Date

5-22-72 Hospital Course:

The patient responded to oral ingestion of PBR at Senior Day activities in March, 1972. Following this cortical pickling he almost forgot about 3:00 AM blood sugars, stat EKG's, Resident's revenge, and Intern's idiocy, but he was rudely awakened by the memory of urine in the centrifuge and gram stained sputum. However even this could be forgiven if the intern assignment was his first choice.

All symptoms gradually abated as the patient went his separate (and preferably selected) ways for a period of not less than one year. A marked improvement was noted on May 22, 1972.

Diagnosis:

Medical Student Syndrome, Chronic.

Prognosis:

Favorable as of May 22, 1972.

Disposition:

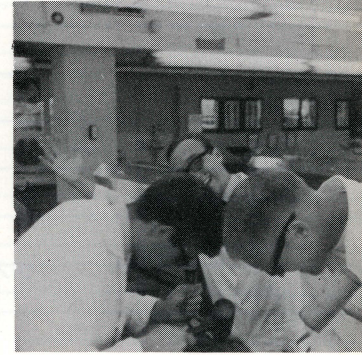
- ① T month R & R 2 year.
- ② Kentucky Moonshine 60cc ac & pm.
- ③ Brain transplant STAT.
- ④ Liver dialysis pm.
- ⑤ AP repair for stress incontinence.

Basic Science

The first three semesters were "devoted" to studying information in the basic science. How little we remember of the important things and how many unimportant bits of trivia have stuck fast—for example, Ramon y Cajal.



But, Dr. Gibson, are you sure this will save the patient?

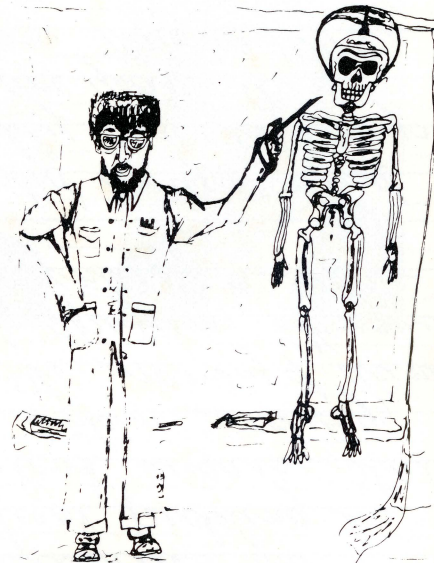


The mad scientist.

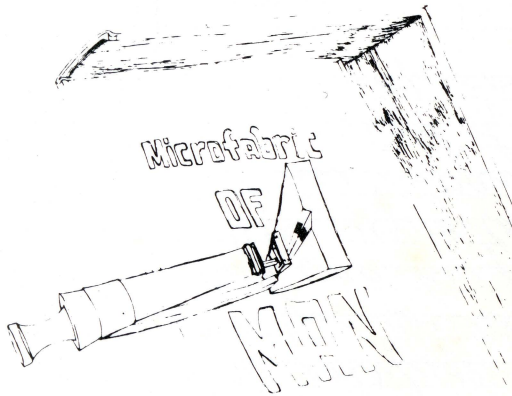
We aren't all serious.



?



The neck bone's connected to the head bone.

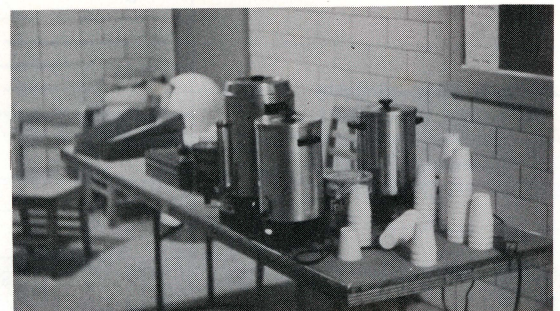


Introduction to the Study of Trivia.



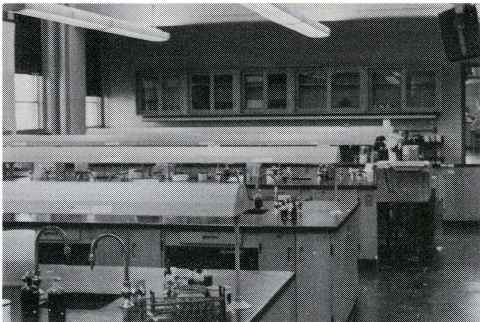
"SURE DOESN'T TASTE LIKE TOMATO JUICE"

Thank God for coffee breaks.

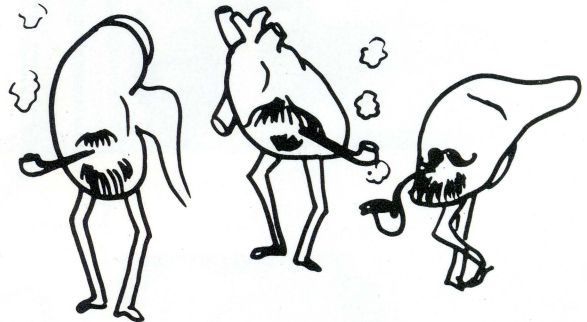




Anything new on the bulletin board today?



Oh, the hours spent over a microscope here.



INDIANA UNIVERSITY MEDICAL CENTER
1100 W. Michigan St. Indianapolis, Ind. 46202

PRESCRIPTION BLANK

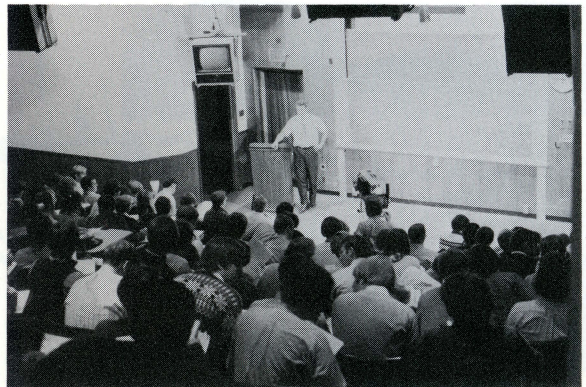
Date 5/1/92

Patient JOHN Q. PUBLIC

5 Fluoro - 2 Hydroxy - 4 Grl Erythro
Disp: # 69

Sig: $\dot{\bar{t}}$ QHS prn. May repeat x \bar{r}

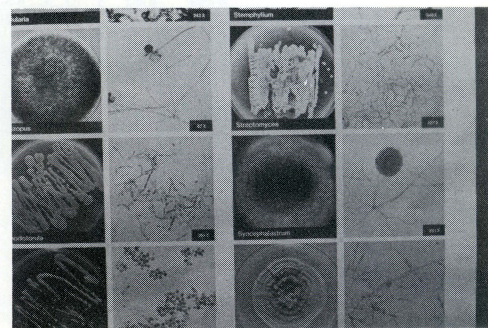
Signed Victoria T. Smith, M.D. Reg. # 007



Time for another nap.

Sperm the Sperm.

First stop in the morning, last at night.



Introduction to Medicine

2nd semester sophomore year:
 Chucko listens to the heart.
 Johnnie listens to the smart.
 See the keen spleen.
 Doesn't it seem mean?
 Joshua smiles and takes them apart.



"Past medical history. . ."

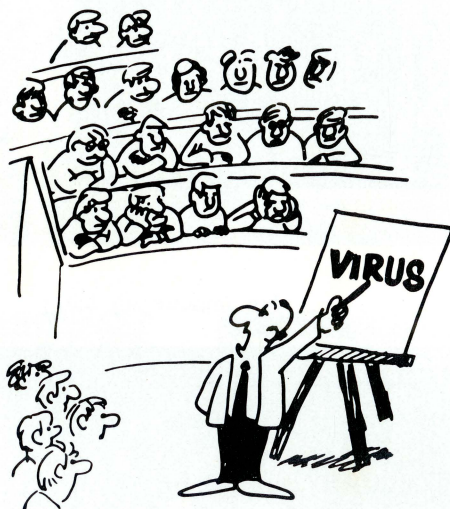


Gee, what a murmur.

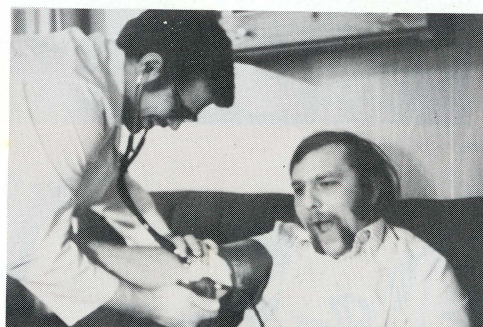
SEXUAL RESEARCH
 LABORATORY 8-B



"NOT YET, BUT I'M GETTING THE GALLOPING GOURMET,
 POLICE CALLS, AND THE TIJUANA BULLFIGHTS!"



"THIS IS THE LATIN TERM YOU'LL USE WHEN YOU MEAN
 'YOUR GUESS IS AS GOOD AS MINE'."

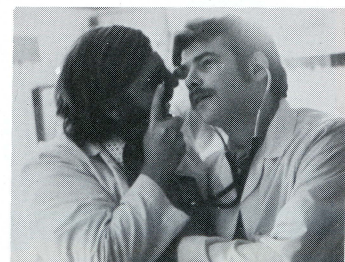


Blood pressure 325/7



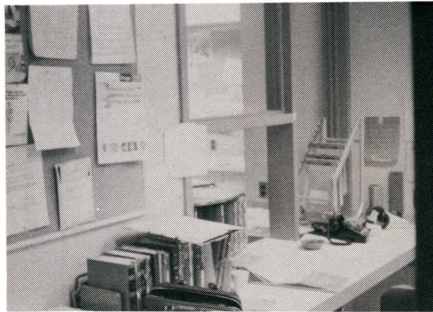
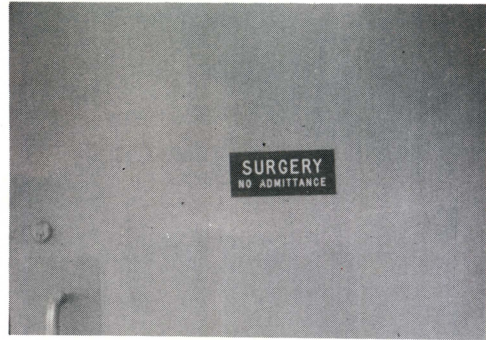
Fine basilar rales on the
 right.

Bet I can hear better than
 you can see!



Clinical Science

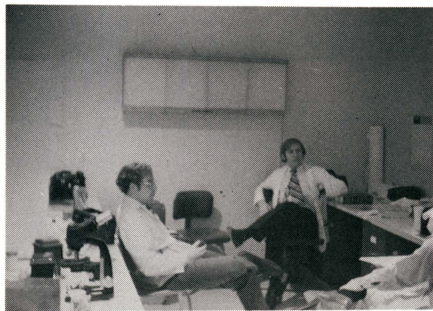
In our Junior Year we were turned loose on the wards to try our hands at saving people (?). Soon thereafter, we discovered how little practical medicine we really knew. However, this rapidly improved much to our surprise. After eleven months we thought we had finally learned something by our experiences in Medicine, Surgery, In- and Out-Patient Pediatrics, Psychiatry, Neurosensory, and Ob-Gyn, but then, much to our chagrin, the Senior Year started.



From this confusion, patients are cured!

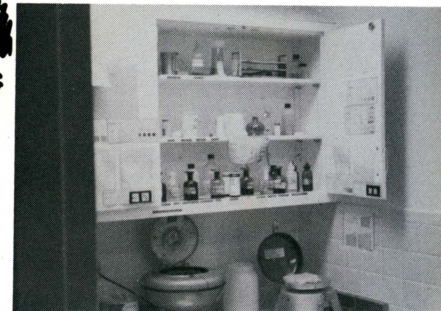


SCUT. . .



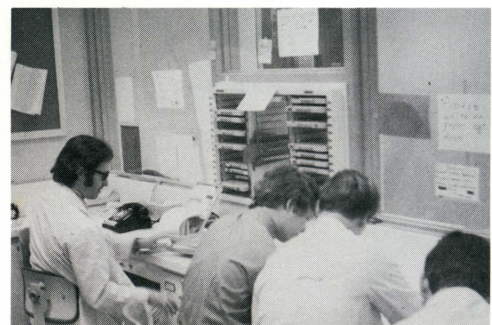
"Did you see the legs on that nurse?"

Did somebody say Code?



. . . and more SCUT!

Wonder where they keep the discharge papers on this side?



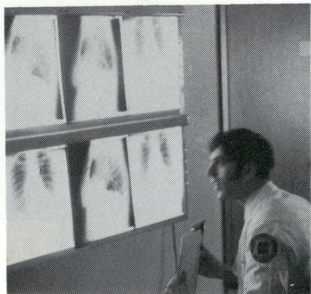
Senior Electives

As seniors we branched out in many directions with typically unpredictable results, some good, some not so good. But most were at least interesting!

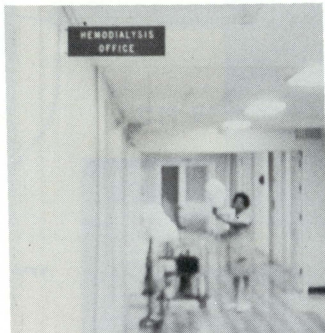


Rx: HARVEY WALLBANGER

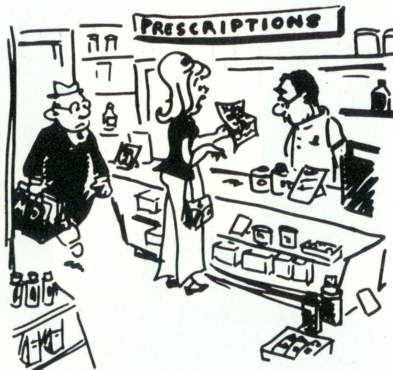
Elective # 999--Bartending



Radiology



Scut work # 876

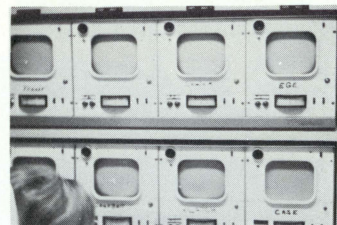


Elective # 1001--Penmanship

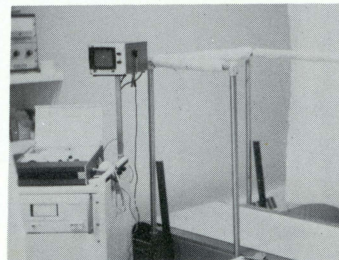


THE FLU BUG

The family practitioners goe.



Find the arrhythmia



Cardiology subspecialty--exercise lab



FIRST, I WANT TO SAY THAT MANY STUDENTS COME TO US WITH A MISTAKEN NOTION REGARDING THE CONTAGIOUSNESS OF SKIN DISEASES.

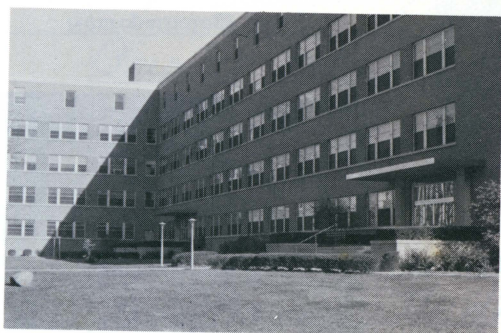
Neuropathology lab.



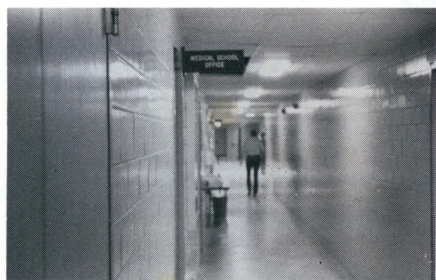
Computer medicine.

Our Campus

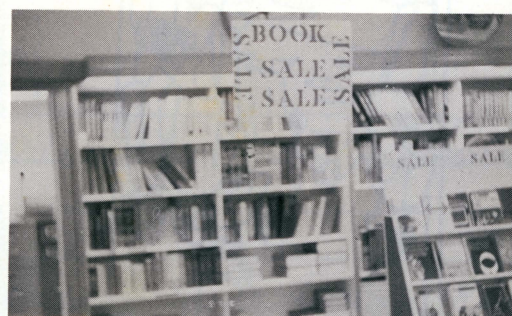
We will fondly (and not so fondly) remember many places on campus at IUMC. These are just a few of those memories.



Home for the first two years.



How many times did we walk down this hall?



Are you sure this is OUR bookstore?



Ptomaine heaven.



A familiar sight.



Old frigid body herself!



MCGH--the good side (outside).



Coleman Hospital--the Baby factory.



The V A Hilton

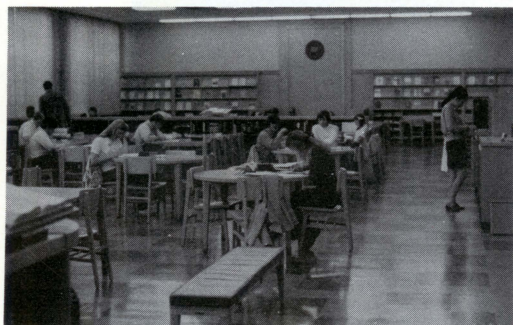
And in Our Spare Time . . .



"I DON'T CARE HOW MANY BRAS YOU'VE BURNED,
YOU'RE NOT BURNING MY JOCKEY SHORTS!"



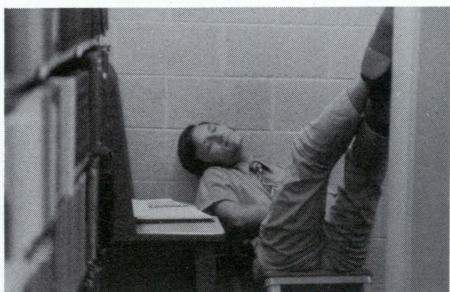
Are you sure about that?



Sometimes we studied. . .



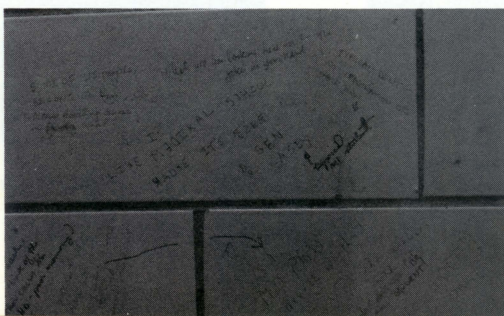
Sometimes we played. . .



Come now, Dennis, the library is for studying.



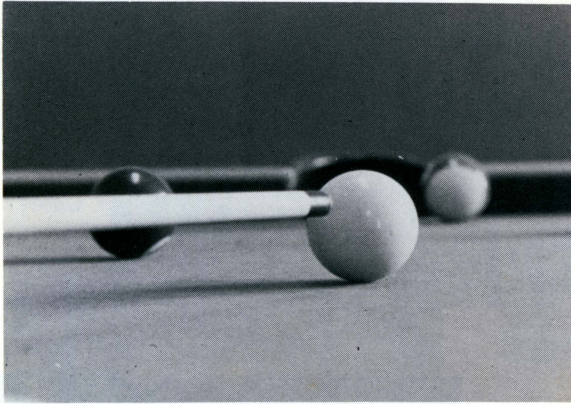
Med-Dent battleground



From Dirty George's eye-view

Senior Day

April 14, 1972



Didja ever feel like a cue ball?



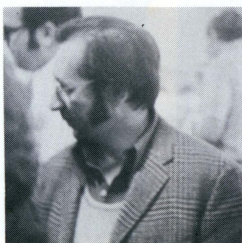
The waiting seemed endless.



Gotcha!



Try it--you'll like it.



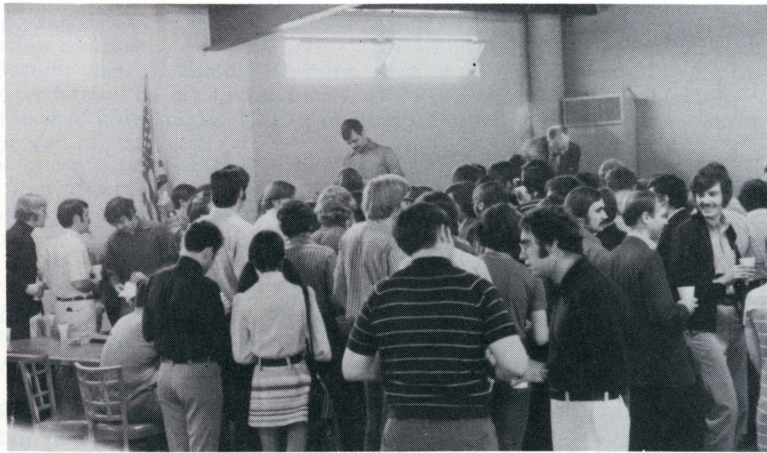
Do I know anybody here?



What did YOU put as a first choice?



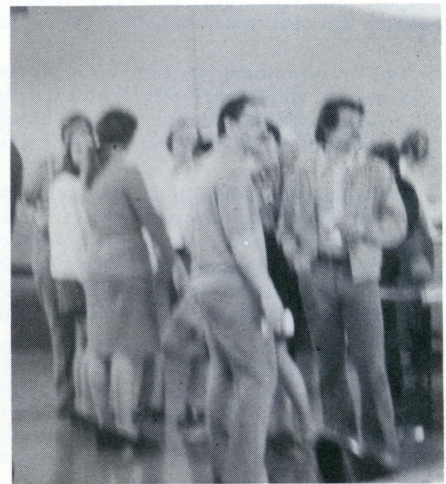
Didn't think it was BYOB.



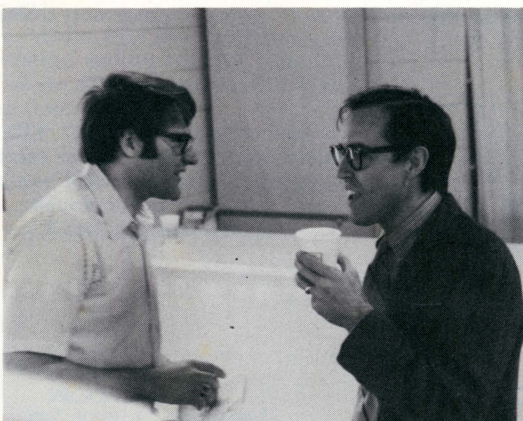
At last---I think.



Look at this--I did it!



Things did get a little blurry . . .



Dr. Challenger, I presume?



I matched as janitor at IUMC!

Clinical-Pathologic Conference, I.U.M.C.

Clinical Presentation:
Dr. John T. Scutdoer,
MCGH boy

April 14, 1972

Case Discussants:
Dr. David O. Challenger,
Almost-a-Chairman
and Healer-at-Large
Dr. Stanley Battered,
Chairman Emeritus,
National Committee for
the Bewildered
Dr. Walter J. Dildo,
Alleged Chairman of
Medicine, BON VI-
VANT
Dr. Roscoe E. Killerfiller,
Renowned Rectal Ra-
diologist
Dr. Joshua You-Know,
Physician in Chief of
you-know-what

DR. SCUTDOER: This is the first Indiana University admission for this forty-four year old, semi-retired, known veteran, whose chief complaint was, "I been trampled."

For several years this patient has suffered from paroxysmal attacks of rectal wheezing. The recurrent nature of these attacks lead him to consult a physician who diagnosed his case as that of being Congenital Flatus Imperfectus and recommended a diet fortified with cabbage and milk. This regimen has minimized the sequelae of this process.

On 1 April, 1972, the patient noticed the sudden onset of retrobulbar pain on micturition, PRURITIS DENTII, and fluorescent stools. This symptom complex prompted the patient to seek assistance at the Indiana University Medical Center. Unable to obtain assistance, he was thereupon seen at the Veteran's Hospital.

While seated in the corridor, the patient stated he suddenly heard hoofbeats which progressed in intensity and lasted a total of thirty to forty-five seconds and gradually faded away. At the peak of intensity, the patient experienced a sudden, severe chest pain in his mid-sternal area which was characterized by a feeling like he had been "kicked by a mule." This lasted approximately 10 seconds during which time the patient was violently pushed back to the floor. Unfortunately no one actually witnessed this episode, but several physicians, nurses, and VA assistant assistants stated that they had heard the hoofbeats, and it was observed that a new pile of fecal matter was present some feet from where the patient was found.

Specimens of this material were sent to the laboratory where ultracentrifugation was performed and viral and bacterial isolates were prepared. The fecal chloride was one hundred and one, the sodium was one hundred and forty-two, the potassium was 1.8, the calcium was 9.1, the urobilinogen was less than two Ehrlich units, and undigested Mother's Oats were noted in the sediment. The total sample weighed 1.1 kilograms. The patient was admitted immediately to the medicine ICU.

On physical examination, nasal obstruction was present, much more marked on the left, with a slight, bloody mucoid discharge. At this point surgical consultation was obtained to remove the patient's finger. Other pertinent physical findings at this time included the peripheral stigmata of the routine veteran's syndrome. Also there were three small horse-shoe-shaped bruises in the mid-sternal area with erythematous purpuric lesions symmetrically arranged at the periphery.

Stains of the sputum revealed numerous Gram-positive cocci, Gram-negative rods, and one AFB which was seen on the fifteenth slide prepared by the junior medical student.

Laboratory studies at this time included electrolytes, BUN, CBC, Australia antigen, Five-hydroxy-indole-acetic acid, Gomer activating substance titers, pregnancy test, and supine stool velocity (because of the emergency nature of the situation.)

All orifices were intubated and flushed on a fifteen minute emergency basis. Despite the repeated laying on of hands and Gregorian chants performed by the intern, the patient followed a rapidly uphill course terminating in RIGOR MORTIS.

DR. DILDO: Thank you very much, Dr. Scutdoer. We have today for our perusal an exceptionally, I would say an extraordinarily, I would say a supremely interesting case of a middle-aged, semi-retired veteran who died suddenly after an episode of paroxysmal prostration accompanied by hoofbeats. May we review the X-rays and the Electro-seismograph?

DR. KILLERFILLER: As an opening comment here I feel compelled to mention that although we in radiology are considered technicians and are often maligned, you will notice upon whom the clinician called first.

Now in reviewing these Barium contrast studies, we must, first of all, make the judgment that they are totally inadequate, as they were not performed by my loving hands. However, we will, with this despicable preparation, attempt to make some semblance of a diagnosis. I will say, that although the patient was poorly prepared, they are consistent with, but not diagnostic of, normal.

Now with reference to the chest X-ray, which I'm sure you gentleman were convinced I would not be able to read, I must make note of the fact that there is an old, calcified granuloma present in the apical, posterior segment of the . . . left upper . . . right upper . . . right side of the chest.

In closing I feel as if I must once again review the proper order of X-ray procedures . . .

DR. DILDO: Although no direct tracing was made at the time of the patient's acute attack, an ESG was being taken while the nurses were rapidly preparing to prepare a bed for this dire emergency. At the time that the hoofbeats were heard, a rhythmic, two-second oscillation appeared on the tracing superimposed on the non-specific ST-T wave changes. These findings are compatible with hoofbeats, but I would have recommended serial tracings.

DR. CHALLENGER: Dr. Dildo, I would like to point out that the two-per-second oscillations, superimposed as they were on the non-specific ST-T wave changes, could lead to some confusion in the diagnosis. Albeit, you may be right concerning them being compatible with hoofbeats, I must report that in some unpublished reports containing uninterpretable data, the concomitant presence of either B 52's, sunspots, or tornadoes must be excluded.

DR. DILDO: In a series of 14 former patients here at IU, all of whom presented with a history of prostration occurring seconds to minutes to hours to days after hoofbeats were heard, it was found the 6 had been trampled by cows, 4 by sows, 1, a zoo-keeper by trade, by a zebra, 2 were found to be malingerers, and one had made an indecent proposal to a student nurse. Unfortunately, in only two of these cases were fecal specimens obtained, and in both cases analysis and crapochromatography showed values very much like those noted in today's case. In neither case, however, is the potassium below 2.3.

Well now, how about the fecal specimen, uh, Dr. Joshua You-know.

DR. JOSHUA YOU KNOW: I'm very glad you asked me that. We've just finished a study on this subject, since I've been formally interested in crap metabolism for years and we find that 83.8% of the time, day or night, fecal matter can be found in the halls of the Veteran's Hospital. This proved to be unidentifiable as to source most of the time.

DR. DILDO: Dr. Battered, would you care to make a few timely, pungent, pithy comments concerning this case? Will someone nudge Dr. Battered, being careful to avoid his sterile shawl.

DR. STANLEY BATTERED: There has been noticed in the literature over the few years, and I've had fifty cases myself, of FLATUS IMPERFECTUS in which it is know that there is an increased susceptibility to trampling.

DR. DILDO: In light of these findings, I am inclined to totally ignore the surgeon and disregard the afore-mentioned crap-analysis. As for the hoofbeats, this is anotoriously unreliable sign. However two facts are pertinent. First, the sow-show anually held at Ball Residence was active at this time, and secondly, there were two zebras housed as colorful reminder for the residents of the sixth floor. I have to conclude, therefore, that this patient had been trampled to death either by a sow or zebra. In summary my diagnosis is paroxysmal protoplasmic insufficiency secondary to trauma, porcine, zebrine, or bovine.

DR. JOSHUA YOU-KNOW: I have a few slides here. The pathological diagnosis was golloping consumption.

Today's case has, of course, come as a surprise to most of you. In retrospect, I think more attention should have been paid to that sputum stain. That AFB turned out on culture to be MYCOBACTERIUM BOVINUM. I think that there can be no doubt that the hoofbeats were indeed bovine and on autopsy, the diagnosis of acute massive miliary TB was, of course confirmed.

All CLINICIANS have been fooled many times by the protean manifestations of this dread killer disease. Once again, this great deceiver has outwitted and eluded our finest diagnosticians.



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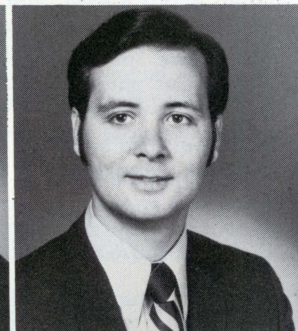
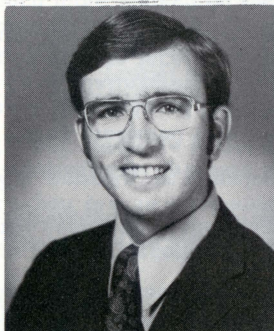
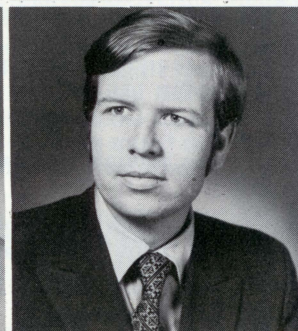
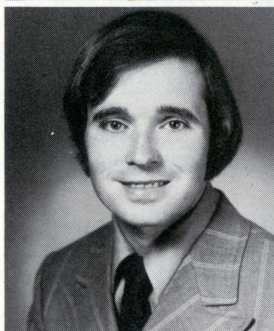
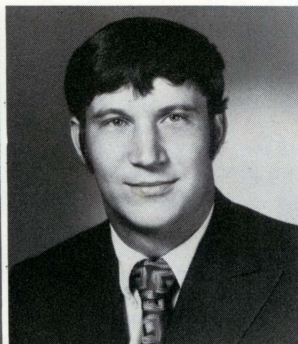
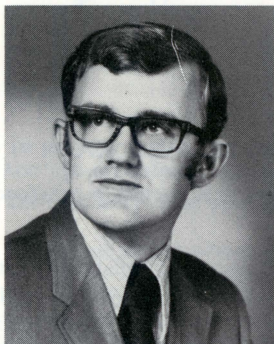
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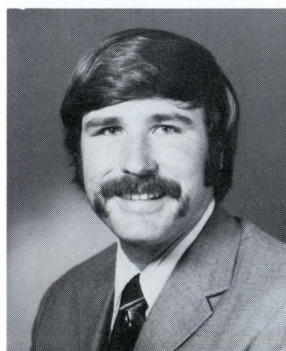
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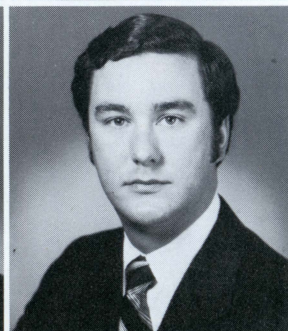
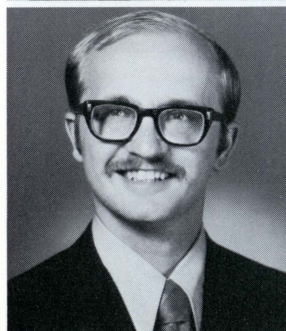
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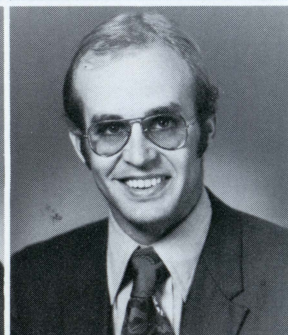
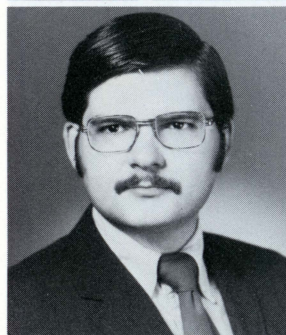
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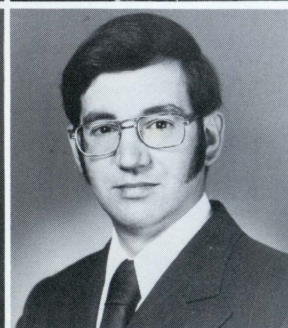
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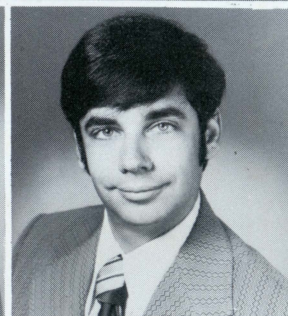
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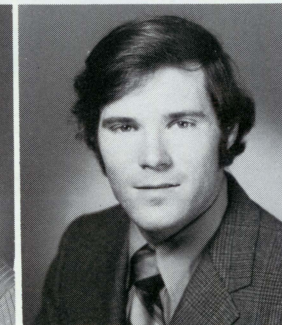
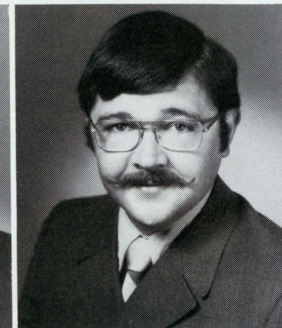
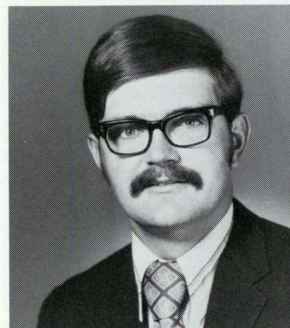
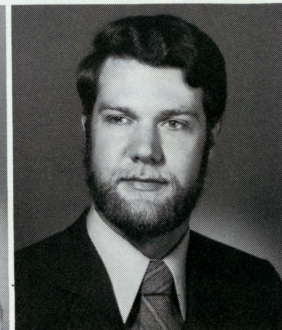
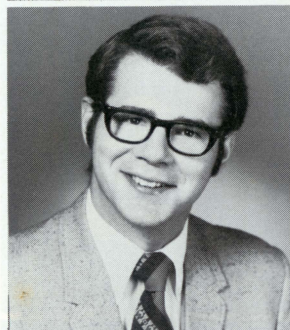
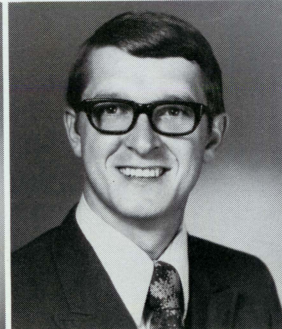
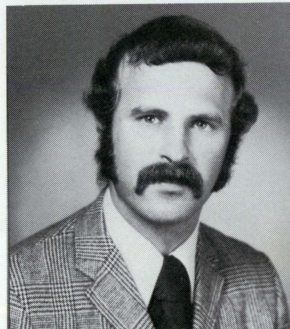
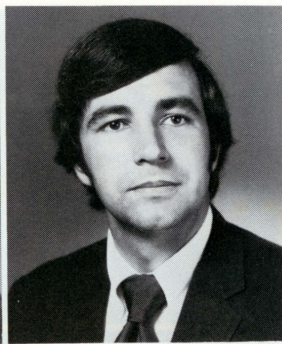
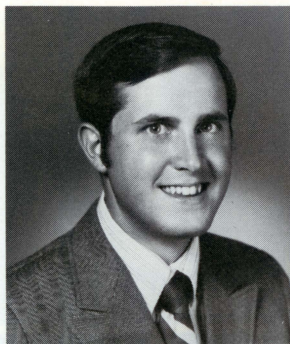
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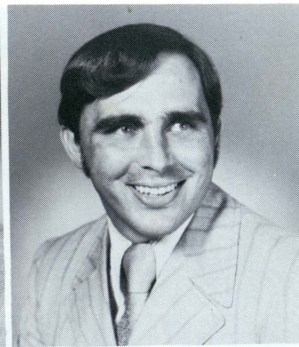
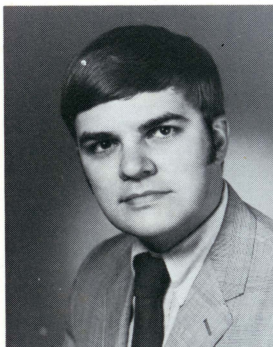
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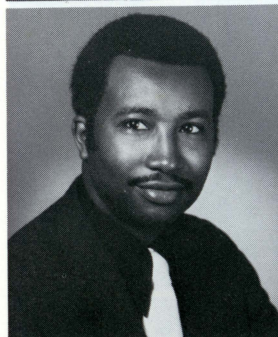
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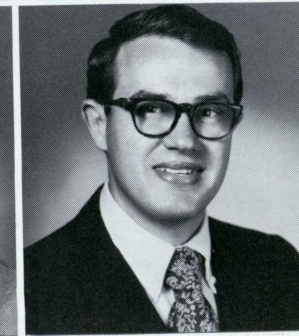
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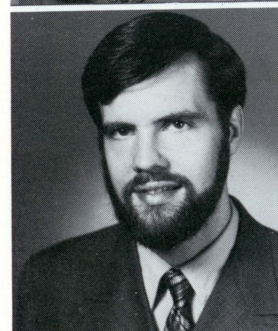
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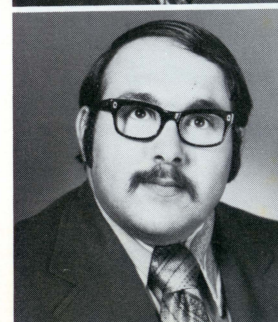
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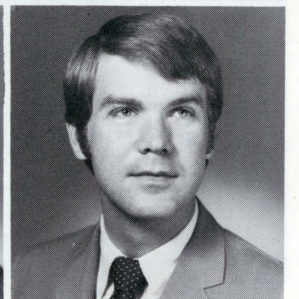
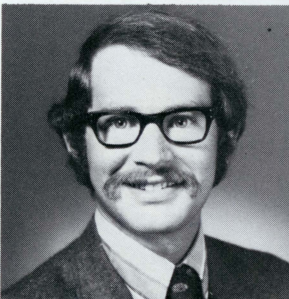
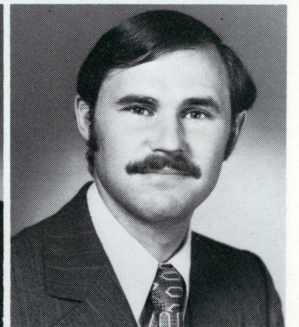
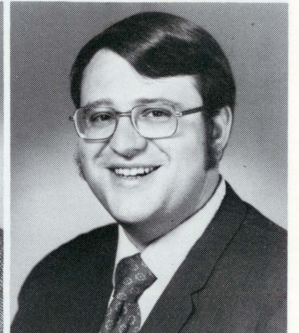
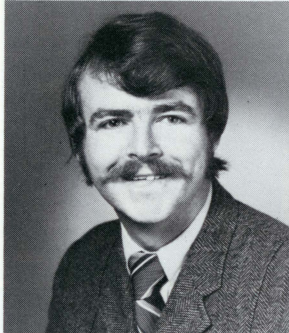
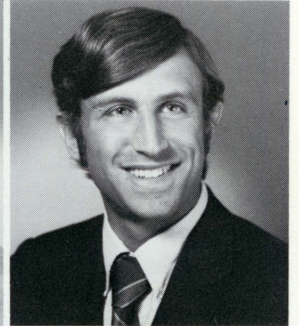
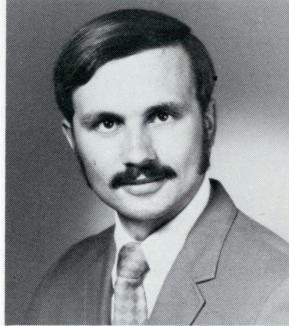
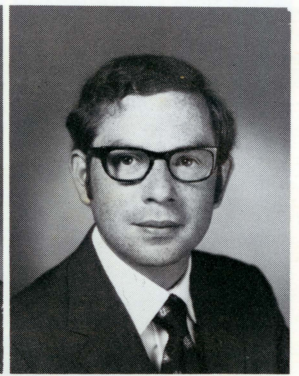
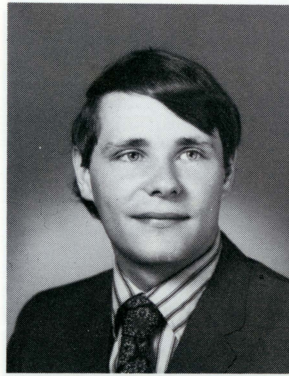
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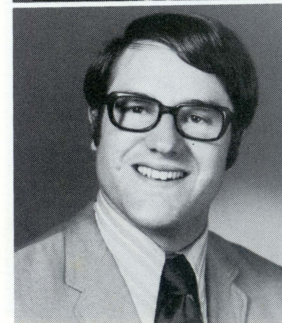
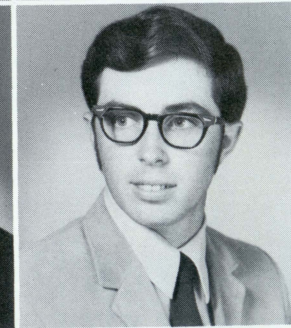
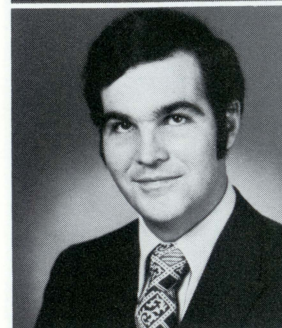
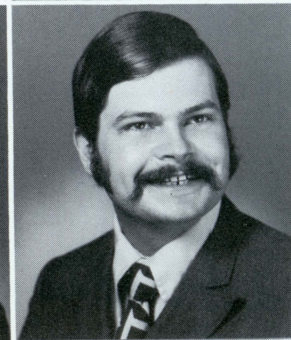
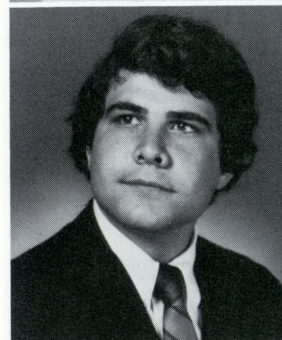
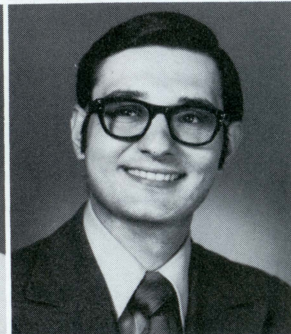
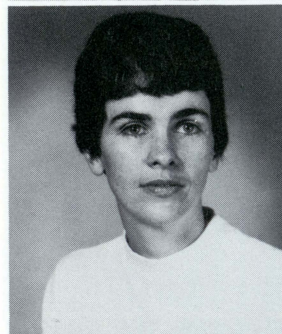
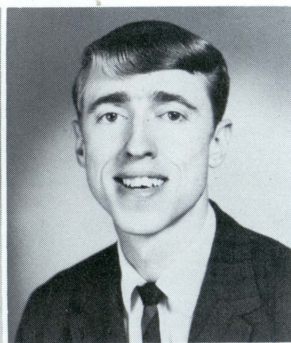
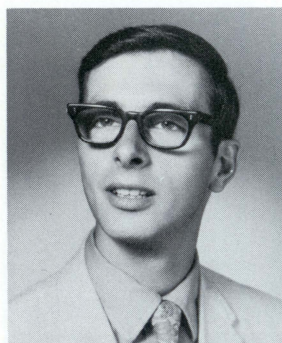
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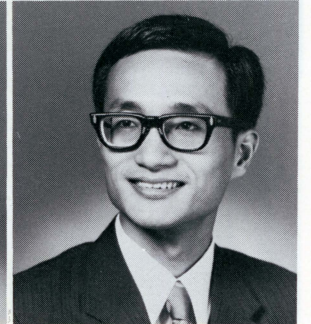
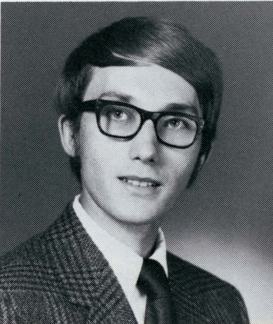
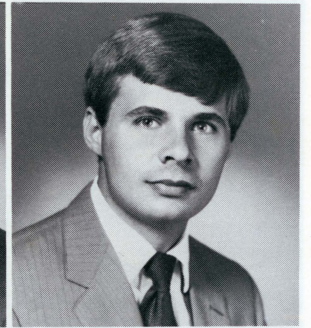
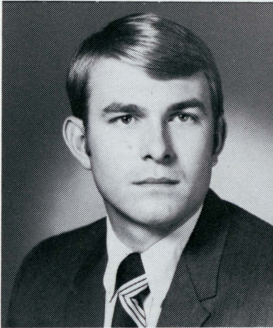
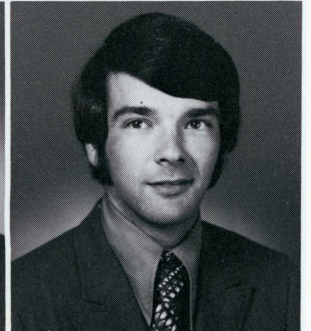
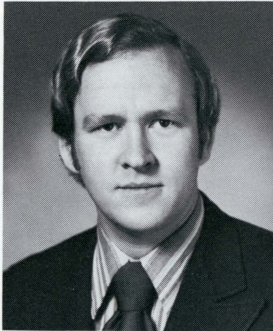
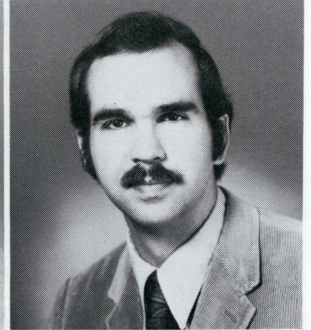
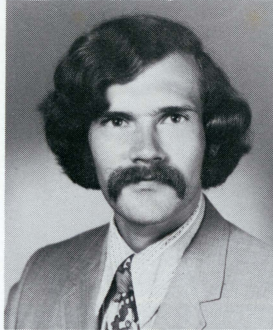
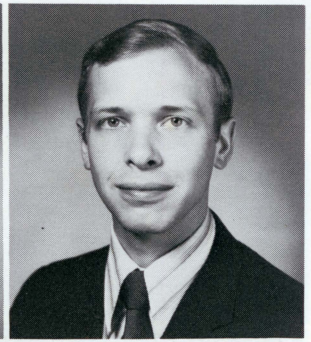
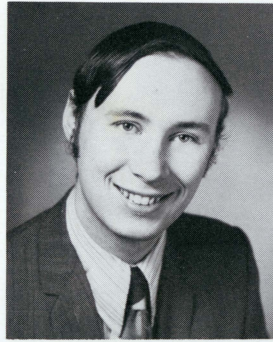
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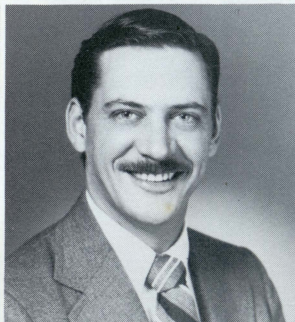
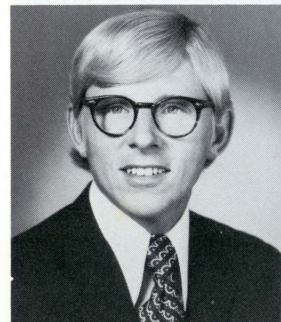
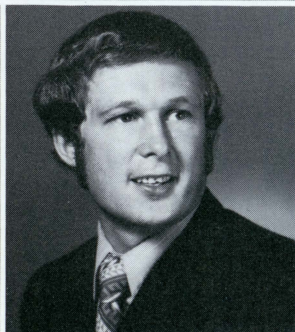
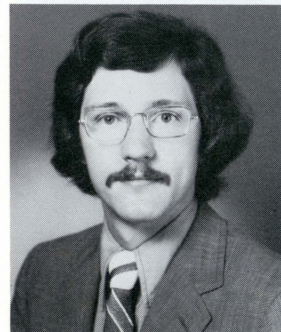
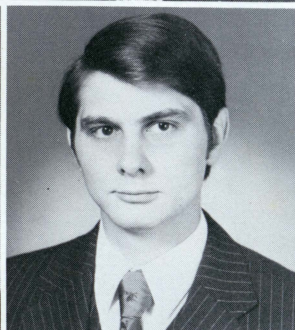
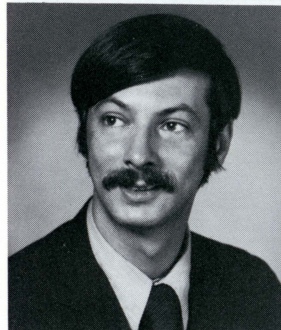
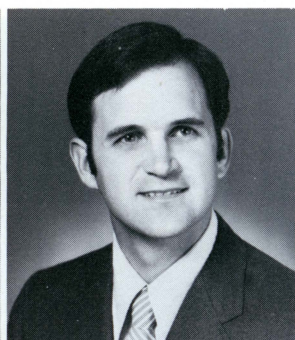
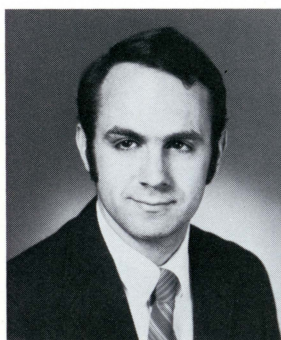
GERALD P. IRWIN, M.D.
Summitville, Indiana

MICHAEL T. ISENBERG, M.D.
Indianapolis, Indiana

RICHARD L. JACKSON, M.D.
Cedar Lake, Indiana

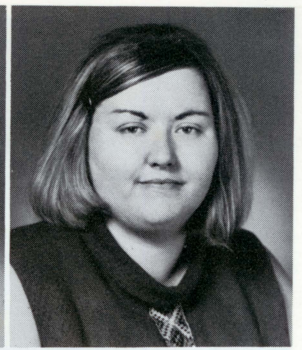
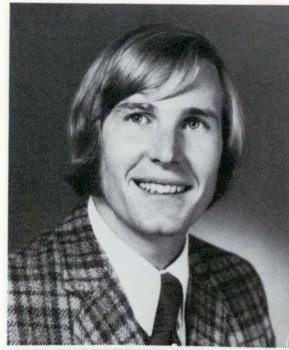
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Fort Wayne, Indiana

KENNETH R. JEFFERIS, M.D.
Bridgman, Michigan



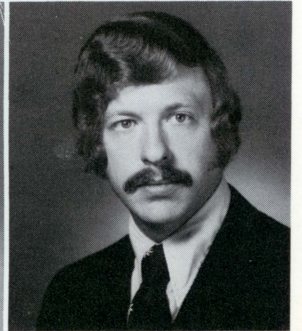
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Indianapolis, Indiana

MARILYN L. JOLLY, M.D.
Seymour, Indiana



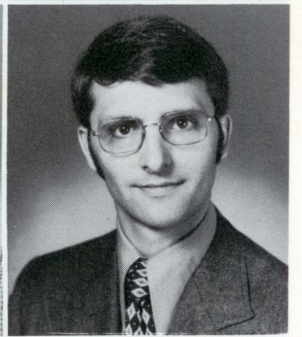
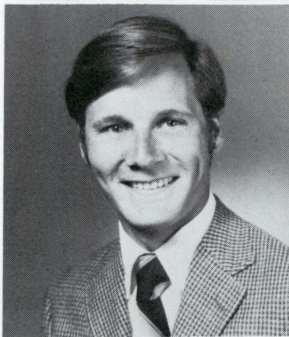
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Peru, Indiana

ROGER W. JONES, M.D.
Seymour, Indiana



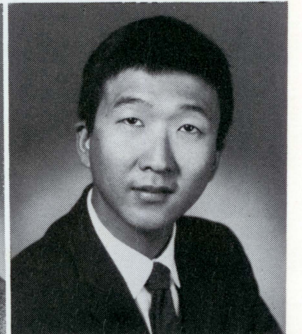
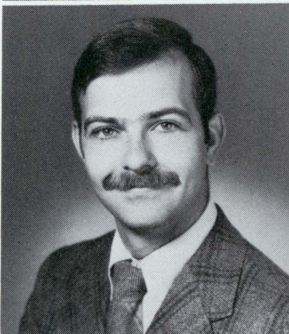
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Argos, Indiana

DAVID J. KENLEY, M.D.
Noblesville, Indiana



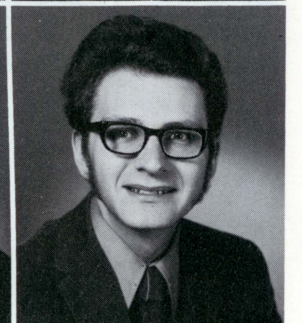
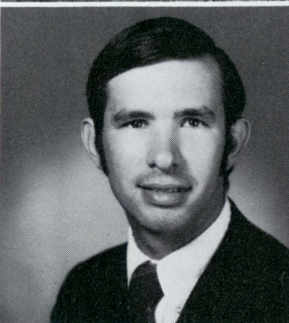
THOMAS R. KEUCHER, M.D.
Franklin, Indiana
Treasurer

BENNEY S. KO, M.D.
Terre Haute, Indiana



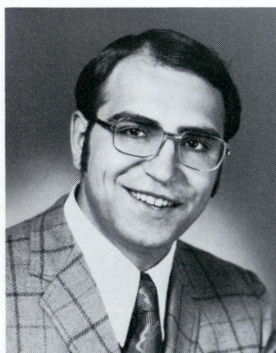
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Indianapolis, Indiana

ALAN J. LA CLAVE, M.D.
Indianapolis, Indiana



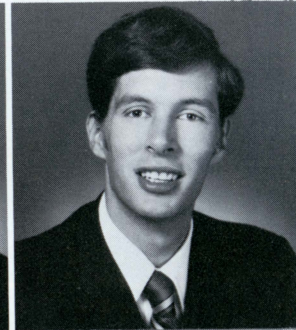
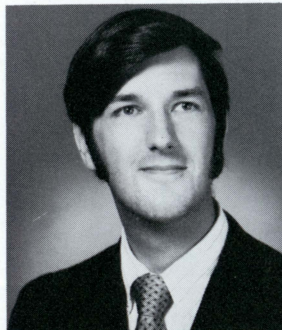
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Tipton, Indiana

SUE A. LUESCHKE, M.D.
Plainfield, Indiana



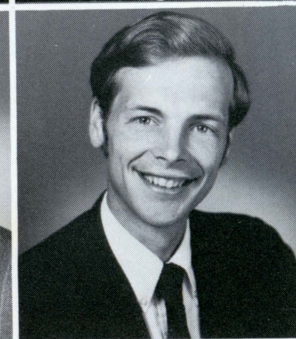
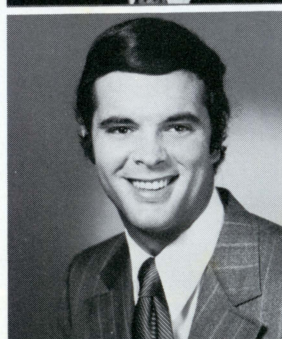
W. JOSEPH LEUSCHKE, M.D.
Evansville, Indiana

ROBERT H. MCCONVILLE, JR., M.D.
Indianapolis, Indiana



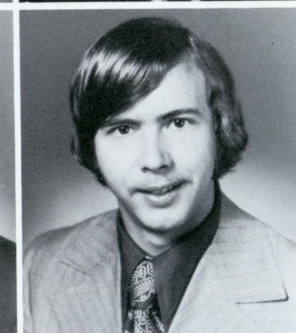
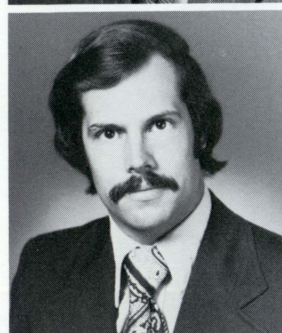
JAMES A. MC COY, M.D.
Mishawaka, Indiana

GORDON C. MC LAUGHLIN, M.D.
Terre Haute, Indiana



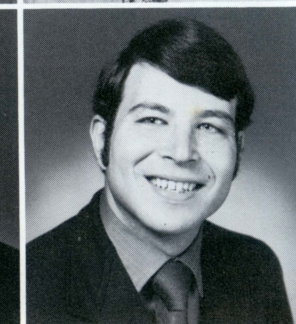
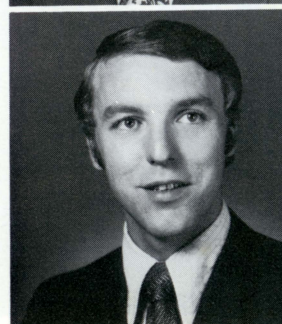
KENNETH R. MC LEISH, M.D.
Indianapolis, Indiana

STEPHEN D. MCMURRAY, M.D.
Fort Thomas, Kentucky



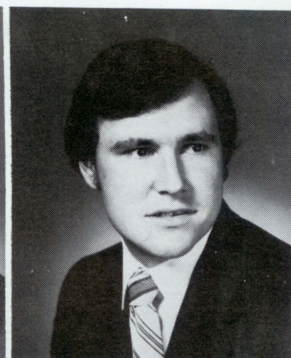
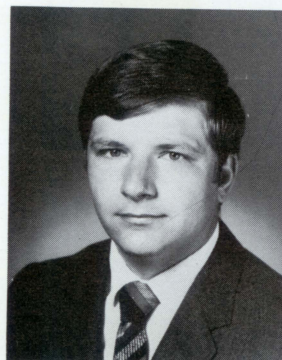
GREGORY L. MEIMAN, M.D.
Clarksville, Indiana

HARVEY W. MEISLIN, M.D.
Rochester, N.Y.



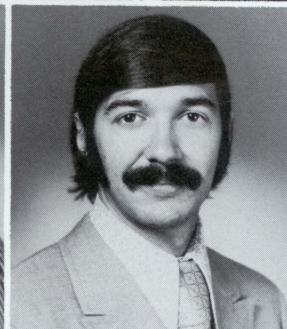
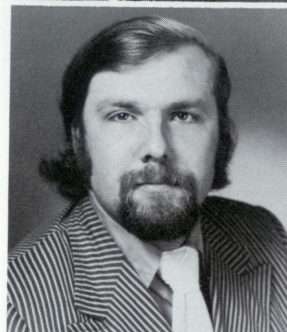
THOMAS P. MENGELT, M.D.
Elwood, Indiana

PHILIP F. MERK, M.D.
Corydon, Indiana



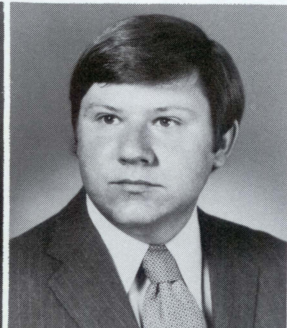
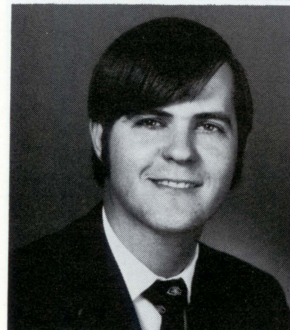
STEVEN C. MEYER, M.D.
Fort Wayne, Indiana

THOMAS A. MIKLUSAK, M.D.
Hammond, Indiana



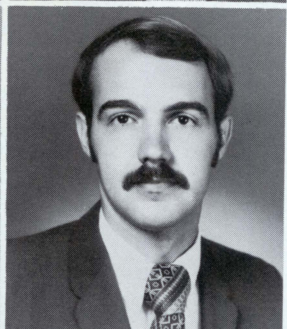
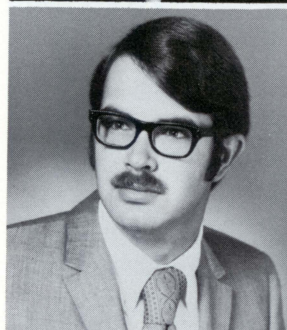
DENNIS W. MILLER, M.D.
Kendallville, Indiana

GEORGE R. MILLER, M.D.
Angola, Indiana



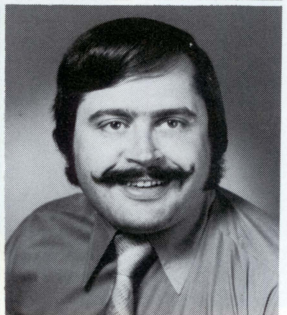
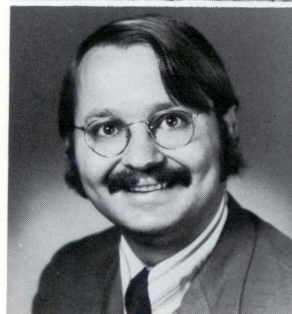
STEPHEN T. MILLER, M.D.
Indianapolis, Indiana

STEVEN H. MILLER, M.D.
Logansport, Indiana



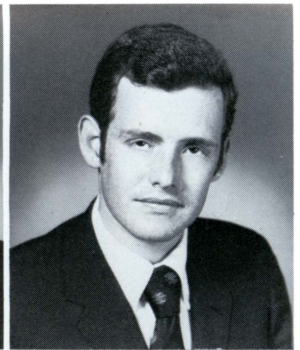
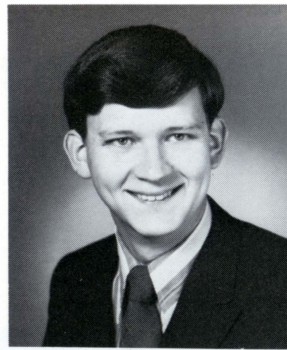
SAMUEL L. MILLIGAN, M.D.
Crawfordsville, Indiana
Secretary

JOHN A. MIRRO, M.D.
Gary, Indiana



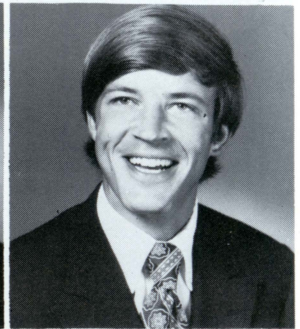
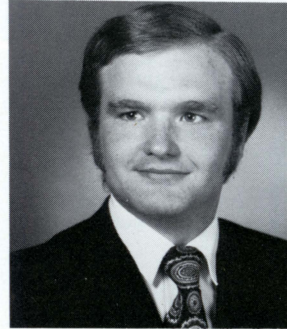
RICHARD G. MORGAN, M.D.
Terre Haute, Indiana

J. LEE MURRAY, M.D.
Indianapolis, Indiana



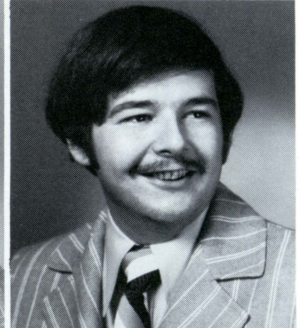
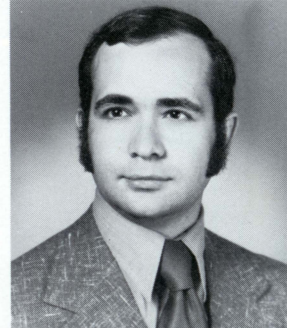
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Markle, Indiana

THOMAS G. OLSEN, M.D.
Bloomington, Indiana



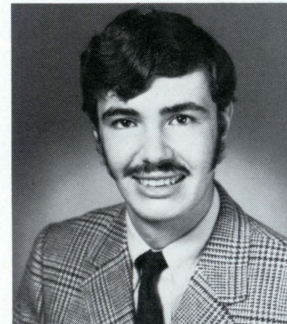
NICHOLAS S. PANCOL, M.D.
Anderson, Indiana

THOMAS C. PASSO, M.D.
Indianapolis, Indiana



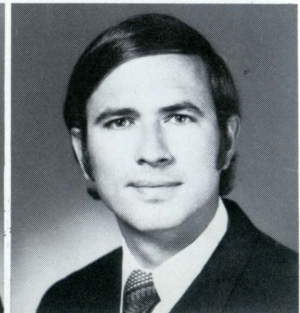
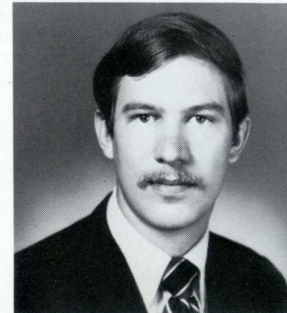
R. SCOTT PECK, M.D.
Omaha, Nebraska

EMMA JANE PEDEN, M.D.
Indianapolis, Indiana



WILLIS W. PEELLE, III, M.D.
Indianapolis, Indiana

MICHAEL E. PHILLIPS, M.D.
Indianapolis, Indiana



JAMES W. PICKRELL, M.D.
Springfield, Illinois

FRED L. RASP, M.D.
Kendallville, Indiana

JAY A. REED, M.D.
Muncie, Indiana

EUGENE G. ROACH, M.D.
Indianapolis, Indiana

ALFRED J. ROTHMAN, M.D.
Far Rockaway, New York

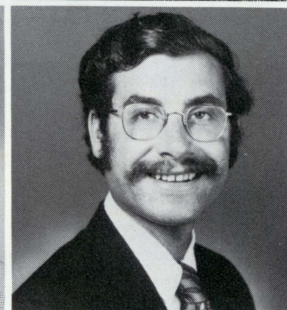
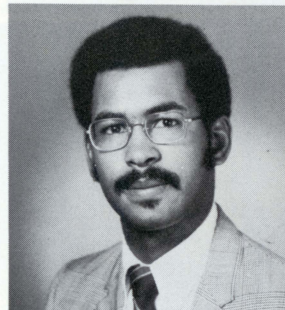
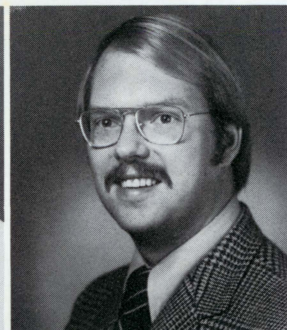
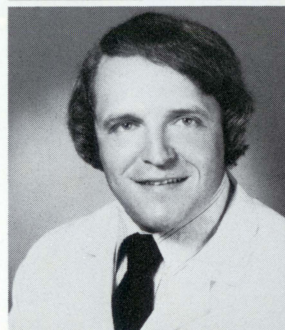
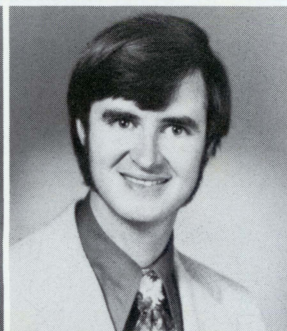
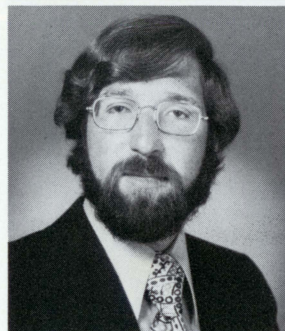
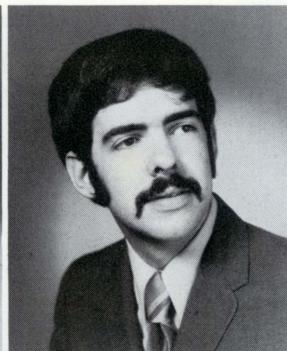
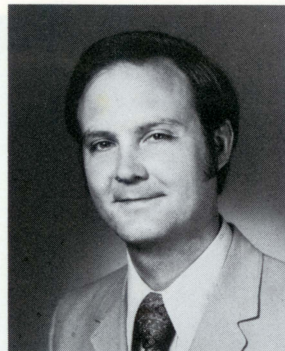
JAMES P. ROYER, M.D.
North Webster, Indiana

ROBERT C. RUSSELL, M.D.
Mansfield, Indiana

RICHARD M. SALIB, M.D.
Gary, Indiana

DELMAR C. SANDERS, M.D.
Hollandale, Mississippi

MARK S. SANDOK, M.D.
South Bend, Indiana



WILLIAM J. SCHMALZ, M.D.
Bloomington, Indiana

ALAN D. SCHMETZER, M.D.
Sellersburg, Indiana

WILLIAM W. SCHWAB, M.D.
Columbus, Indiana

PETER L. SCOTT, M.D.
LaPorte, Indiana

WILLIAM M. SCOTT, M.D.
Scottsburg, Indiana

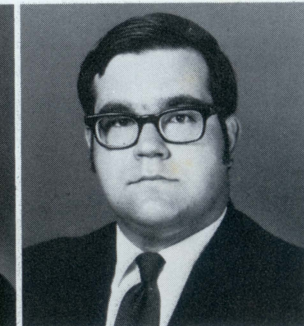
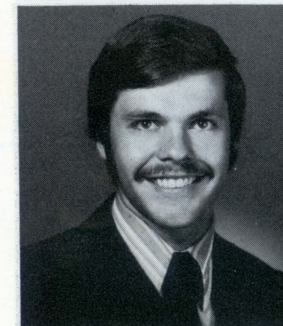
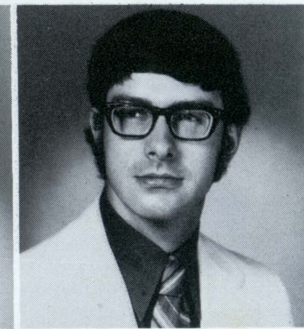
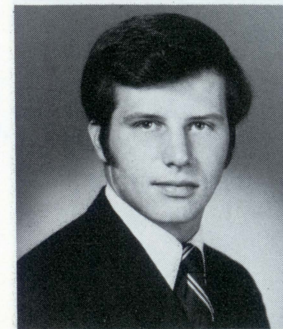
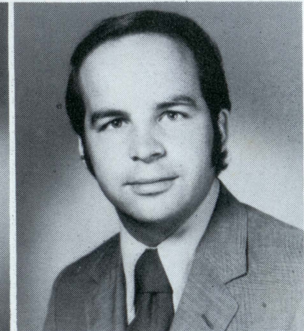
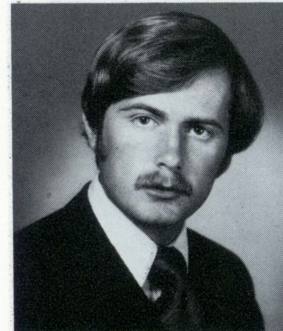
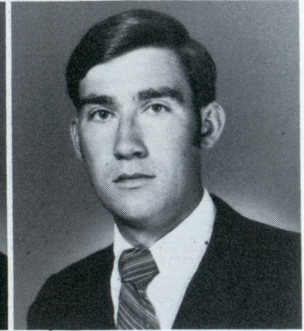
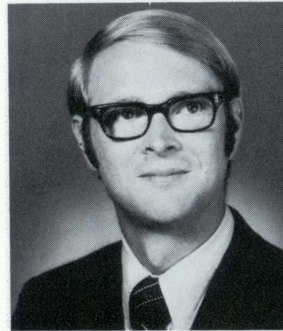
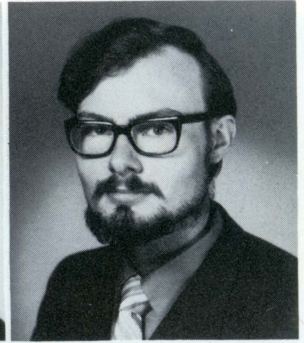
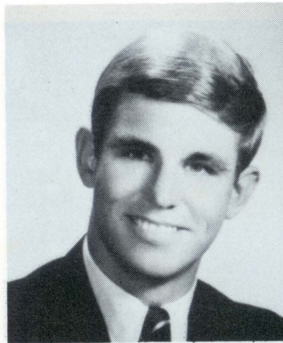
THOMAS W. SHARP, M.D.
Cedarville, Indiana

JERRY K. SHELL, M.D.
Convoy, Ohio

PHILLIP M. SHULTZ, M.D.
Butler, Indiana

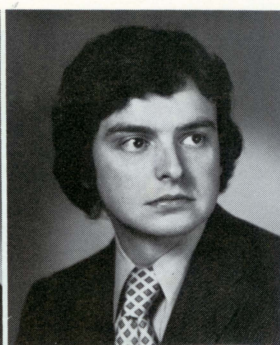
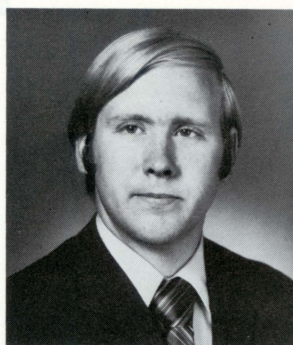
RICHARD L. SIMMONS, M.D.
Marion, Indiana

GERALD M. SINKOVIC, M.D.
Indianapolis, Indiana



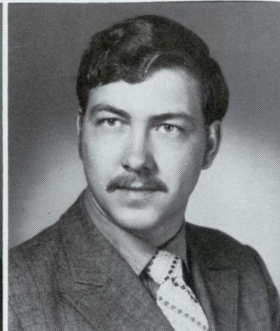
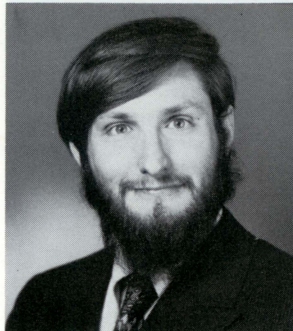
RANDALL J. SLICKERS, M.D.
Lafayette, Indiana

MARK C. SMEDLEY, M.D.
Mount Prospect, Illinois



ALAN F. SMITH, M.D.
Versailles, Indiana

BYRON D. SMITH, M.D.
Fort Wayne, Indiana



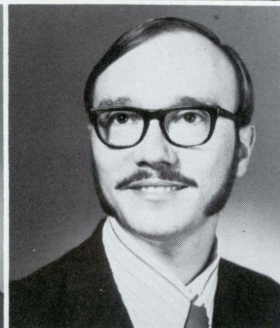
MICHAEL L. SMITH, M.D.
Zionsville, Indiana

VICTORIA T. SMITH, M.D.
West Lafayette, Indiana



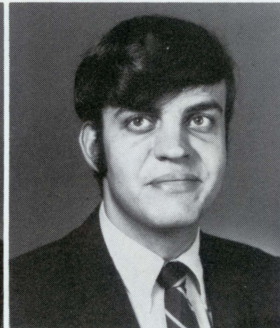
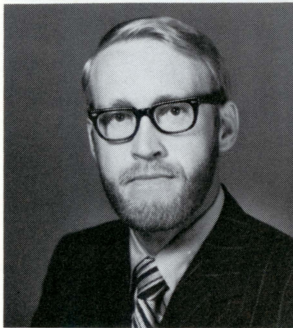
WAYNE R. SNODGRASS, M.D.
New Palastine, Indiana

RONALD E. SNYDER, M.D.
Mishawaka, Indiana



W. RAY SOMMERS, M.D.
Kokomo, Indiana

DAVID L. SOVINE, M.D.
Indianapolis, Indiana



HARRY L. STALEY, M.D.
Columbia City, Indiana

NORMAN P. STEELE, M.D.
Fort Wayne, Indiana

ROBERT J. STEELE, M.D.
Indianapolis, Indiana
President

ROBERT W. STEPHENS, M.D.
Terre Haute, Indiana

SUSAN A. STEPHENS, M.D.
Carmel, Indiana

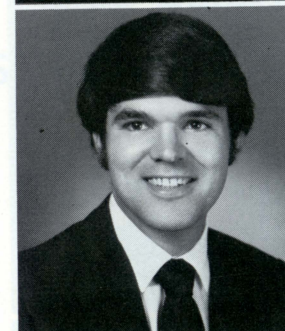
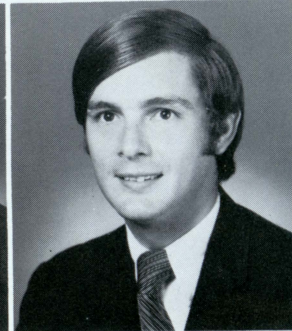
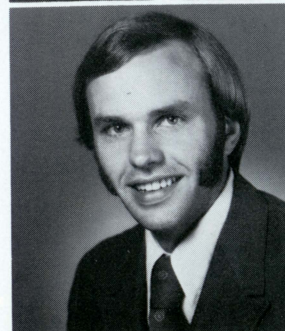
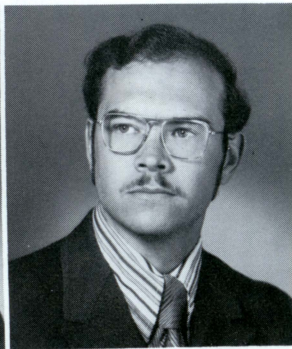
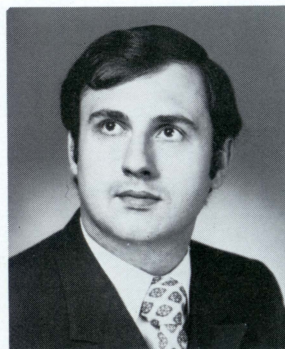
KAY E. THACKER, M.D.
New Haven, Indiana

J. BRADLEY THURSTON, M.D.
Indianapolis, Indiana

RICHARD A. TIBBALS, M.D.
Evansville, Indiana

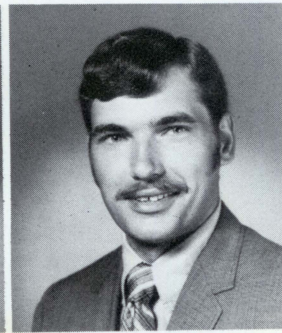
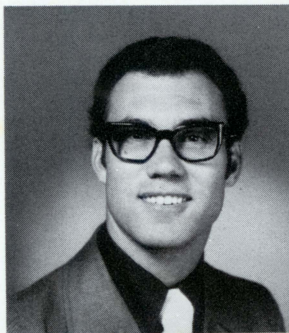
WILLIAM C. VAN NESS, II, M.D.
Summitville, Indiana

JON D. VAN SCYOC, M.D.
Seymour, Indiana



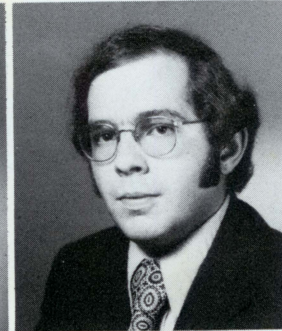
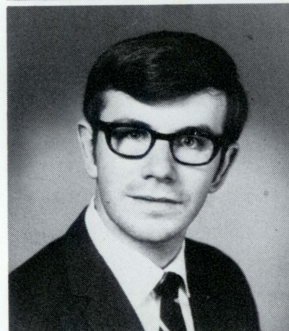
STEVEN J. VAN VOORST, M.D.
Columbia City, Indiana

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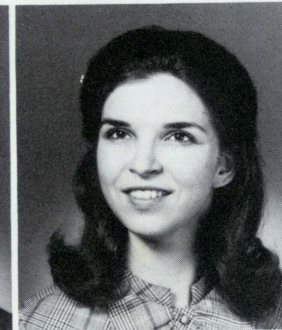
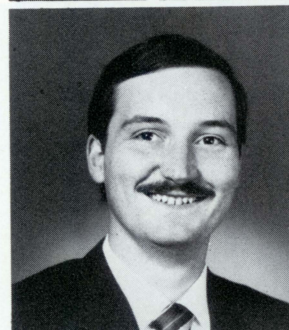
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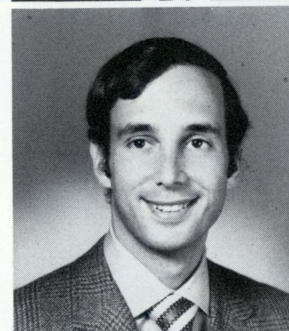
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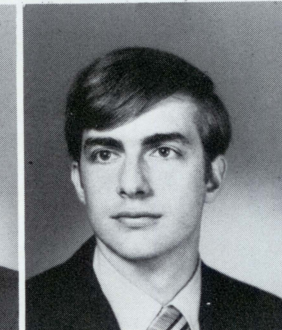
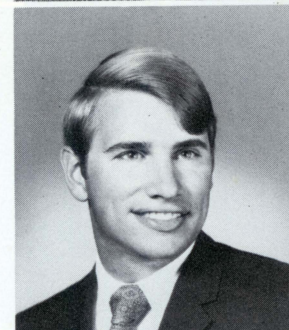
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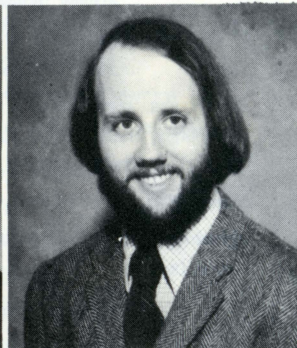
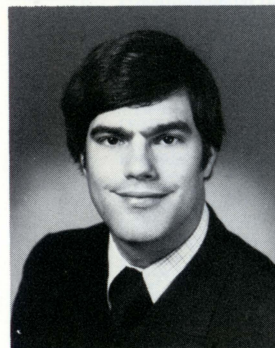
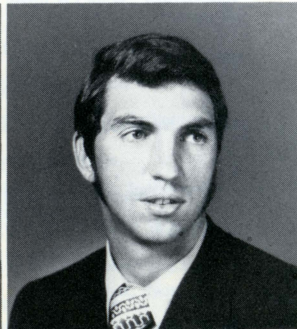
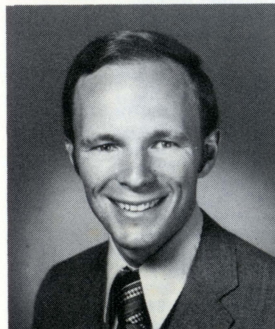
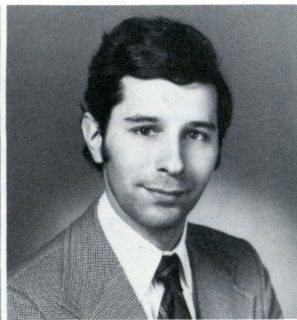
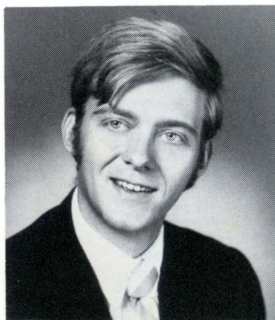
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Columbus, Indiana



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John A. Boyajian, M.D.
Robert D. Bretz, M.D.
Ben H. Brouhard, M.D.
Thomas A. Brubaker, M.D.
Ronald M. Burkhart, M.D.
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Lawrence T. Coulehan, M.D.
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 L. A. County Harbor General, Torrance
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 Marion County General Hospital, Indianapolis
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 Butterworth Hospital, Grand Rapids
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 Milwaukee County General Hospital, Milwaukee
 Bennett B. Desadier
 United States Air Force
 Phillip W. DeVoe
 Tampa General Hospital, Tampa
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 Harrisburg Hospital, Harrisburg
 Gary P. Dillon
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 Tampa General Hospital, Tampa
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Indiana University Medical Center, Indianapolis

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INDIANA UNIVERSITY MEDICAL CENTER

TEMPORARY RELEASE

The maximum time limit that may be granted is 72 hours. If patient needs to be absent for a longer period they are to be discharged.

Minors are to have the forms completed by parent or guardian and they are to be released only to those persons.

Medical Class of 1972
Indiana University
Medical Center
1100 West Michigan
Indianapolis, Indiana

TOP IMPRINT MARGIN

1. THE UNDERSIGNED, UNDERSTAND THAT PERMISSION HAS BEEN GRANTED FOR

the Senior Class of 1972- IU MC
(Myself or Name of Patient)

TO BE ABSENT FROM THE HOSPITAL FOR A PERIOD BEGINNING *May 21, 1972*
(Time) (Date)

AND ENDING *July 1, 1972*
(Time) (Date)

IN ADDITION, IT IS AGREED THAT I ASSUME FULL RESPONSIBILITY FOR MY OR MY CHARGE'S SAFETY AND WELL-BEING DURING THIS PERIOD AND WILL HOLD THE HOSPITAL AND MEDICAL STAFF HARMLESS FOR ANY INJURY OR DAMAGE SUSTAINED WHILE OFF THE HOSPITAL PREMISES.

I, FURTHER, UNDERSTAND THAT HOSPITAL CHARGES FOR BED OR ROOM WILL BE CONTINUED DURING THIS ABSENCE.

Medical School Faculty *Class of 1972*
(Witness) (Patient or Guardian)

May 21, 1972 *May 21, 1972*
(Date) (Date)

The above patient has been given permission to leave the hospital for a period beginning *May 21, 1972*
(Time) (Date)

and ending *July 1, 1972*
(Time) (Date)

In my opinion this absence will be beneficial to the patient and not interfere with the hospital treatment.

Victoria T. Smith, M.D. *5/21/72*
(Attending Physician or Representative) (Date)

USE ONE SIDE ONLY

TEMPORARY RELEASE

70-1B

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So Teach Us To Number
Our Days,
So That We May Apply
Our Hearts unto Wisdom.

